

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032312

STATE FILE NUMBER

AMENDED

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 131

FILED SEP 25 1961

1. PLACE OF DEATH

a. COUNTY

Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Boonville

Length of stay in 1b

2 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Resthaven

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Cooper

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Boonville

d. STREET ADDRESS

(If outside, give location)

518 Main

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

LEE

IRVINE

SHUCK

4. DATE OF DEATH

Month

Day

Year

Sept.

18

1961

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/24/69

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10b. KIND OF BUSINESS OR INDUSTRY

Medicine

11. BIRTHPLACE (City and state or country)

Lebanon, Ky.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Dr. John I. Shuck

13b. MOTHER'S MAIDEN NAME

Mary Young

14. NAME OF HUSBAND OR WIFE

Mary Virgil Wing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

Address

Mrs L. I. Shuck Boonville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

arteriosclerotic Heart disease

INTERVAL BETWEEN ONSET AND DEATH

7

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

cerebrovascular accident Oct 13, 1960

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Oct 13, 1960

to Sept 18, 1961

and last saw him alive on Sept 17, 1961

Death occurred at

9:15

P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

TC Beckert md

(Degree or title)

22b. ADDRESS

Boonville Mo

22c. DATE SIGNED

9-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

Sept. 21/61

23c. NAME OF CEMETERY OR CREMATORY

Walnut Grove Cem.

23d. LOCATION (City, town, or county)

Boonville, Missouri

24. FUNERAL DIRECTOR

B. W. Thacher

ADDRESS

Boonville, Mo

25. DATE RECD. BY LOCAL REG.

9/20/61

26. REGISTRAR'S SIGNATURE

RE Hooper

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

2

NOV 9 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Berry W. Shacker

Licensed Embalmer No. 3944

P. O. Address Boonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.